Anticoagulation Resumption

- The safety and feasibility of anticoagulant resumption following middle meningeal artery embolization in patients with subacute subdural hematomas
- Submucosal Esophageal Hematoma: A Rare Hemorrhagic Complication Following Neuroendovascular Therapy
- Anticoagulation Therapy Timing in patients with Atrial Fibrillation after Acute and Chronic Subdural Haematoma (ATTAACH): a pilot randomised controlled trial
- Safety of Postembolization Antithrombotic Therapy After Middle Meningeal Artery Embolization
- Traumatic Brain Injury in Patients under Anticoagulant Therapy: Review of Management in Emergency Department
- Safety and Effectiveness of an Enhanced Recovery Protocol in Patients Undergoing Burr Hole Evacuation for Chronic Subdural Hematoma
- Anticoagulation and Antiplatelet Agent Resumption Timing following Traumatic Brain Injury
- Perioperative continuation or ultra-early resumption of antithrombotics in elective neurosurgical cranial procedures

“Anticoagulant resumption” refers to the restarting or continuation of anticoagulant therapy. Anticoagulants are medications designed to prevent the formation of blood clots, and they play a crucial role in managing various medical conditions associated with abnormal clotting.

Here are some key points related to anticoagulant resumption:

Medical Decision:

The decision to resume anticoagulant therapy is typically made by healthcare professionals based on the patient's medical history, current health status, and the specific condition being treated or prevented. Reasons for Resumption:

Anticoagulant therapy may be resumed for various reasons, such as preventing blood clots in individuals with atrial fibrillation, managing venous thromboembolism (VTE), or preventing strokes in certain high-risk populations. Temporary Discontinuation:

Anticoagulant therapy may be temporarily discontinued or adjusted for specific reasons, such as surgery, invasive medical procedures, bleeding events, or other medical considerations. Resumption occurs once these temporary factors are addressed. Hematology Consultation:

In some cases, particularly if there are complex medical considerations or underlying blood disorders, a consultation with a hematologist (a specialist in blood disorders) may be sought to guide the decision-making process. Monitoring and Adjustments:

Patients who resume anticoagulant therapy are typically monitored regularly to ensure that the medication is providing the intended therapeutic effect. Dosage adjustments may be made based on factors such as the patient's response, changes in health status, or laboratory results. Patient Education:

It is important for patients to receive education about their anticoagulant therapy. This includes understanding the importance of adherence to the prescribed regimen, potential side effects, signs of bleeding, and the need for regular follow-up appointments. Individualized Treatment Plans:

Anticoagulant resumption is part of an individualized treatment plan. The choice of anticoagulant,

dosage, and duration of therapy are tailored to the specific needs and characteristics of each patient. Anticoagulant therapy is a critical component of care for various medical conditions, but its management requires a careful balance between preventing clotting and minimizing the risk of bleeding complications. Patients should communicate openly with their healthcare providers, report any unusual symptoms or side effects, and actively participate in their treatment plan to ensure optimal outcomes.

While oral anticoagulation (OAC) is universally indicated for patients with mechanical heart valves (MHVs), OAC resumption following anticoagulant-associated intracerebral hemorrhage (ICH) is an area of uncertainty.

A cross-sectional survey was disseminated to North American members of the American Association of Neurological Surgeons and the International Society for Thrombosis and Haemostasis. Demographic factors, as well as a clinical scenario with 14 modifiable clinical risk factors were included in the survey.

504 physicians completed the survey (response rate 34.3%). Majority of participants were affiliated with academic centres, and managed ≤10 ICH patients with MHV per year. There was wide distribution in response in optimal timing for OAC resumption following an ICH: 59% and 60% preferred to re-start OAC between 3 and 14 days following the hemorrhagic event (median of 6-7 days). Smaller hemorrhages (<30cm2). CHADS2 score ≥2, concomitant venous thromboembolism, mitral valve prosthesis, caged-ball valves and multiple valves prompted earlier OAC resumption.

Wide variation in the current practice of neurosurgeons and thrombosis specialists exist when they encounter patients with ICH and MHV, though decisions were influenced by patient- and valve-related factors. As our observed variation likely reflects the immense gap in current evidence, prospective randomized trials in this population are therefore urgently needed [1].

Anticoagulation Resumption after intracranial hemorrhage

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AlKherayf F, Xu Y, Westwick H, Moldovan ID, Wells PS. Timing of anticoagulant re-initiation following intracerebral hemorrhage in mechanical heart valves: Survey of neurosurgeons and thrombosis experts. Clin Neurol Neurosurg. 2017 Jan 16;154:23-27. doi: 10.1016/j.clineuro.2017.01.006. [Epub ahead of print] PubMed PMID: 28103532.